

## Update Form

**Return This Form to:**

CollegeCounts 529 Fund  
P.O. Box 85290  
Lincoln, NE 68501

**Overnight Mail:**

CollegeCounts 529 Fund  
1248 O Street, Suite 200  
Lincoln, NE 68508

If you have questions, please call us at **866.529.2228**,  
Monday–Friday, 7 a.m. to 7 p.m. (Central).

### 1. Current Account Information (Required)

Account Number: \_\_\_\_\_

Account Owner Name (First, M.I., Last): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

### 2. Update Account Owner or Beneficiary Name

This name change applies to the:

☐ **Account Owner**

☐ **Beneficiary**

Former Name (First, M.I., Last): \_\_\_\_\_

New Name (First, M.I., Last): \_\_\_\_\_

Reason for change:

☐ **Marriage (attach copy of marriage certificate)**

☐ **Divorce (attach divorce decree)**

☐ **Other (please specify and attach any appropriate legal documents):** \_\_\_\_\_

### 3. Update Account Owner or Beneficiary Address

This address change applies to the:

☐ **Account Owner**

☐ **Beneficiary**

Street Address (no P.O. Boxes): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## 4. eDelivery

- ☐ Select this option to sign up to receive quarterly account statements, Program Disclosure Statements, Supplements, compliance materials, Plan News, and Updates via electronic delivery.

**IMPORTANT: You will receive a confirmation email from CollegeCounts that will enable you to complete the eDelivery signup and selection process.**

I request that email notifications be sent to the following email address:

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I consent to the delivery of documents that are governed under the CollegeCounts Electronic Delivery of Documents.

I understand that when a document or statement is available, I will receive an email notification from CollegeCounts. The email will include a link to the CollegeCounts secure site, where it can be viewed and downloaded.

You may revoke this election at any time.

## 5. Authorization

By signing below, I certify that I am the Account Owner of the Account indicated on this form and that the information contained herein is true, complete, and correct.

### Signature and Date Required

X

Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee

Date

Print Name Here

Title (if other than an individual)



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